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APPLICATION NUMBER	FILING OR 371(C) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/562,324	06/29/2006	Gisela Greif	Le A 36 695

35969  
Bayer Health Care LLC  
400 Morgan Lane  
West Haven, CT 06516

**CONFIRMATION NO. 3066**  
**POWER OF ATTORNEY NOTICE**



Date Mailed: 05/06/2008

**NOTICE REGARDING CHANGE OF POWER OF ATTORNEY**

This is in response to the Power of Attorney filed 08/31/2007.

- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

/gjtrammell/

Office of Data Management, Application Assistance Unit (571) 272-4000, or (571) 272-4200, or 1-888-786-0101